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PATENT, TRADEMARK  
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**FACSIMILE COVER LETTER**

Facsimile Number: (571) 273-8300

To: Commissioner for Patents

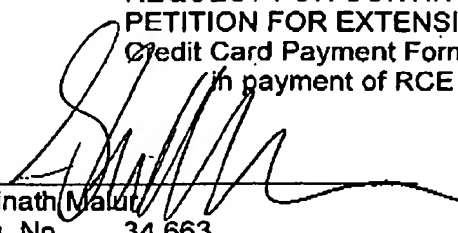
From : Mr. Shrinath Malur  
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/635,619  
Attorney Docket No.: NIT-388

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal Letter;  
AMENDMENT;  
REQUEST FOR CONTINUED EXAMINATION (RCE);  
PETITION FOR EXTENSION OF TIME; and  
Credit Card Payment Form in the amount of \$940.00  
in payment of RCE and 1 EOT Fees.

  
Shrinath Malur  
Reg. No. 34,663

December 15, 2008

Date

Total Number of Pages (including cover sheet): 25

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Thank you.

Form PTO-1083

Patent

In RE application of H. NAKAZAWA et al

Case Docket No. NIT-388

Serial No.: 10/635,619

Group Art Unit: 3688

For: ADVERTISEMENT MANAGEMENT METHOD

Examiner: M.L. Hamilton

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

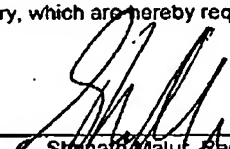
	(Col. 1) Claims Remaining After Amendment	(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra		SMALL ENTITY Rate Additional Fee	OR	OTHER THAN A SMALL ENTITY Rate Additional Fee
Total	14	Minus ** 20	=		X 25 \$		X 50 \$
Indep.	4	Minus *** 3	=		X 100 \$		X 200 \$
					X 180 \$		X 360 \$
					Total \$	OR	Total \$

☐ First presentation of Multiple Dependent Claims

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$\_\_\_\_\_.
- ☐ A Credit Card Payment Form in the amount of \$940.00 is attached for 1 EOT & RCE
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:   
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Attorney for Applicant(s)

Date: December 15, 2008